## CREATION AND RESTORATION OF PRIVATE WETLANDS AND RIPARIAN ZONES TAX





ARKANSAS SOIL AND WATER CONSERVATION COMMISSION 101 East Capitol Avenue, Suite 350 Little Rock, AR 72201 Phone: (501) 682-1611 Fax: (501) 682-3991



<u>Note:</u> This application is for participation in the tax credit program for the creation and restoration of private wetland and riparian zones, and refers to <u>Subtitle IV</u> of the rules governing the program. Applicant should check with the U.S. Army Corps of Engineers to find out if a Section 404 permit will be required for the

project prior to completing this application. Use additional sheets as necessary.

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State		
Telephone (Home)	(Work)	(Mobile)
(FAX)	Email	
2. OWNERSHIP INFORM	ATION	
2a. Type of Ownership (Indiv	vidual, Corporation, Partne	ership, etc.)
2b. Officers/Shareholders/Par	rtners, and Their Percentag	ges of Ownership
2c. Address, Phone and Facs	imile Numbers of Particip	ating Taxpayers (Attach)
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3.	SITE INFORMATION
3a.	Location Of Proposed Project (Attach maps)
Par	t Section Section Township Range County
La	itude (optional) Longitude (optional) Watershed (optional)
Di	ections to Project Site
3b.	Size of Project Area
	Name of Water Body(ies) Affected by the Proposed Restoration Project (if applicable)
<u> </u>	Tvalle of water Body(les) Affected by the Froposed Restoration Froject (if applicable)
3d.	Description of Current and Historical Land Use of Project Site and Adjacent Properties
	Site Characterization (Include if applicable: Soil type, existing vegetation, condition of site, topograp odplain boundaries, photos, and aerial photos if available, etc.)
4.	DESCRIPTION OF PROPOSED PROJECT (Attach)
4a.	Was any portion of the proposed project a mitigation activity required under state or federal law?  If yes, describe what portion
4b.	Has the Corps of Engineers been contacted about a Section 404 permit?  Has a permit been issued? If yes, give permit number What District?
4c.	Has a floodplain permit been obtained? If yes, give permit number
	Page 2 of 3

4d. Project Description (include, at a minimum, the following elements, if applicable):
<ul> <li>Purpose of proposed project</li> </ul>
• Goals and objectives of proposed project (identify problems being addressed and solutions to be
implemented)
◆ Target vegetative community to be established
◆ Target site hydrology to be established (if applicable)
♦ Planting plan (show location, spacing and planting arrangements of plant species)
♦ Proposed construction activities
♦ Construction drawings (attach)
Proposed project construction schedule
Proposed post construction activities
♦ Success criteria (performance standards, vegetative survival rates, etc. that can be used to determine
project success)
Proposed monitoring plan
♦ Name, address, telephone and facsimile numbers, and qualifications of individuals or companies
providing professional services or assistance in the development of the plan on company letterhead
5. FINANCIAL INFORMATION (Attach extra sheets, if necessary)
5a. Estimated Project Cost (List total cost and cost by Activity)
5b. Funding Sources and Anticipated Contribution of Each (Include Even if Approval is Pending)
5c. Total Tax Credit Applied for
All projects must be completed and properly functioning within three (3) years of the date of the certificate of tax credit approval and the project must be maintained for a minimum life of ten (10) years after certified as being complete.
The undersigned hereby certify(ies) that they either own or have the right to occupy all lands necessary for the construction or development, and operation of the above-described project; agree(s) to abide by the Arkansas Private Wetland and Riparian Zone Creation and Restoration Incentive Act of 1995 and the Rules and Regulations of the Arkansas Soil and Water Conservation Commission; and that any representative of the Soil and Water Conservation Commission shall have the right, at any reasonable time during the life of the project, to enter upon the land where the project is located to inspect the project's construction or development, operation, and maintenance.
The undersigned further acknowledge(s) the receipt of a copy of the rules governing the tax credit program for the creation and restoration of private wetland and riparian zones.
Signature of Applicant Date

Revised 10/9/98